



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
APPLICATION FOR SHORT TERM LEAVE

PERSON ID or PERS ASSIG

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COST CENTER

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SAP PERIOD #

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PAY PERIOD BEGIN DATE

MONTH	DAY	YEAR

Week 1 AM PM

FRI		
SAT		
SUN		
MON		
TUE		
WED		
THURS		

Week 2 AM PM

FRI		
SAT		
SUN		
MON		
TUE		
WED		
THURS		

CHECK (v) ONLY ONE (1) TYPE OF LEAVE PER FORM:

	TYPE OF LEAVE	SAP ABSENCE CODES	SAP CODES FOR BUS DRIVERS/AIDES ONLY
<input type="checkbox"/>	Illness of Self	0200	0203*
<input type="checkbox"/>	Illness/Death of Relative	0201	0204*
<input type="checkbox"/>	Personal	0282	0206*
<input type="checkbox"/>	Injury at Work (Explain)	0285	0207*
<input type="checkbox"/>	Contagious Disease (Contracted at Work)	0286	0208*
<input type="checkbox"/>	Vacation	0283	
<input type="checkbox"/>	Temporary Duty (Explain)	0287	0209*
<input type="checkbox"/>	LWOP, Auth (Explain)	0400	0403*
<input type="checkbox"/>	LWOP, Unauth (Explain)	0401	0404*
<input type="checkbox"/>	OTHER:		0219*
<input type="checkbox"/>	COMPENSATORY TIME	0284	0500**
<input type="checkbox"/>	JURY DUTY/SUBPOENAED	0288	0210**
<input type="checkbox"/>	OPT DAY	0289	
<input type="checkbox"/>	ELECTED OFFICIAL	0294	0215**
<input type="checkbox"/>	MILITARY TRAINING	0296	0217**
<input type="checkbox"/>	UNION REPRESENTATIVE	0290	0211**
<input type="checkbox"/>	UNION OFFICIAL BUSINESS	0291	0212**
<input type="checkbox"/>	UNION POOL DAY	0292	0213**

*These codes will interface from "legacy" to SAP, and can also be used on the "Report Miscellaneous Payroll Transactions" input screen.

**These codes will not interface from "legacy" to SAP, and can only be used on the "Report Miscellaneous Payroll Transactions" input screen.

COMMENTS: _____

I certify that the above information is correct and in accordance with the School Board of Miami-Dade County, Florida, policies and regulations.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

PRINCIPAL/ADMINISTRATOR SIGNATURE

FM-5949(10-11)



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